

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1	1			
5	1		1			
6		1				
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13		1		1		
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48						
49						
50						
TOTAL IND.	3		5			
TOTAL DEP.	28		8			
TOTAL	31		13			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
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